

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025872

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 5015 Registrar's No. 50

STATE FILE NUMBER

FILED AUG 1 1962

1. PLACE OF DEATH

a. COUNTY

Andrew

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Lincoln Twsp

Length of stay in lb  
Most life

c. CITY  
OR TOWN Amazonia

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Amazonia (Rural)

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Rural, 2 miles West

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

FRANK

AUSTIN

GEORGE

July

24

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/7/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Amazonia Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Charles A. George

13b. MOTHER'S MAIDEN NAME

Sarah Graves

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

(If yes, give war or dates of service)  
W.W.#2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Amy Nauser

St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral injury

INTERVAL BETWEEN ONSET AND DEATH

immediate

DUE TO (b)

.22 rifle bullet

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot himself with a single-shot .22 rifle

20c. TIME OF INJURY

Hour Month, Day, Year  
1:00 p.m. July 24, '62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

outside house trailer

20f. CITY, TOWN, OR LOCATION

R.F.D.#1, Amazonia, Andrew

COUNTY

STATE

Mo.

21. I attended the deceased from

1:00

to and last saw him alive on

Death occurred at p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.B. Maxwell, D.O., Coroner

22b. ADDRESS

307 W. Main, Savannah, Mo.

22c. DATE SIGNED

7/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/27/62

23c. NAME OF CEMETERY OR CREMATORY

Amazonia Cemetery

23d. LOCATION (City, town, or county)

Amazonia

Missouri

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

7-28-62

26. REGISTRAR'S SIGNATURE

Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

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AUG 2 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.